

**MEDICATION LOG**

Month / Year: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_

Known Allergies (food, drugs, other)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescribing Physician(s):

\_\_\_\_\_

\_\_\_\_\_

**CHARTING CODES:**

Circle Red - indicated med or clerical error  
 Initial and circle in red  
 Write comment on reverse side.  
 W=Indicated medication was taken during day hours.  
 D/C= Medication discontinued.  
 R=Med refused by client. Comment on reverse side.  
 Your initials=Indicates med. Given.  
 H=Hold - med held per Drs. order or med. supervisor.  
 V=Home visits  
 S=Hospital stay/visit

**ROUTE (Rt.) CODES:**

TP=Topical      IH=Inhaler      ER=Right ear      VG=Vaginal  
 NS=Nasal      RO=Right Eye      LE=Left ear      RT=Rectal  
 OR=Oral      LO=Left Eye

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME AND DOSAGE OF MEDICATION	RT	TIME GIVEN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
		MED COUNT:																																			
		MED COUNT:																																			
		MED COUNT:																																			
		MED COUNT:																																			

Staff Initials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATIONS ERROR COMMENTS:

\_\_\_\_\_  
Date

Medication Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Medication Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Medication Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Medication Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Medication Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature